

# Common Ownership Certification



Please complete, sign and submit the Common Ownership Certification.

Renewing Groups- complete and return even if you do not have multiple companies.

Please list all companies that are eligible to be included as part of a consolidated federal tax return (even if they don't file a consolidated federal tax return) or who are part of a controlled group as defined under the Internal Revenue Code.

Customer Name: \_\_\_\_\_

Group Number (if renewal): \_\_\_\_\_

Primary Business Location: \_\_\_\_\_

<u>Business Name:</u>	<u>Federal Tax ID #:</u>	<u># of Eligible:</u>	<u>On This Policy:</u>
1. _____	_____	_____	Yes / No
2. _____	_____	_____	Yes / No
3. _____	_____	_____	Yes / No
4. _____	_____	_____	Yes / No
5. _____	_____	_____	Yes / No
6. _____	_____	_____	Yes / No

Please check one of the following:

I certify that my business applying for coverage with UnitedHealthcare is not part of a controlled group (commonly owned or affiliates) as defined under the Internal Revenue Code.

Or

I certify that my business applying for coverage with UnitedHealthcare (1) is eligible to file a consolidated federal tax return or (2) meets the IRS test for being a controlled group under common control. I further certify there are no other affiliated entities, other than the ones listed above, who are part of the controlled group that includes my business.

I represent that, to the best of my knowledge, the information I have provided is accurate and truthful. I agree to notify UnitedHealthcare in the event of a change in any of the information that is the subject of this certification. I understand that any misrepresentation or fraudulent statement may result in rescission of the group policy, termination of coverage, an increase in premiums retroactive to the policy date, or other consequences as permitted by law.

Name (please print) & Title:

Signature:

Date: